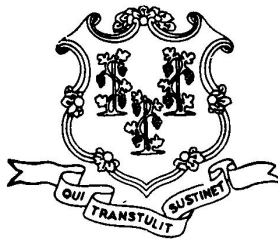


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
LIQUOR CONTROL DIVISION

Telephone: (860) 713-6210
Email: liquor.control@ct.gov
Website: www.ct.gov/dcp



For Official Use Only

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION & STATEMENT OF PERSONAL HISTORY

All spaces must be completed **please print or type**. This statement must be completed by the permittee and each person who is a backer for this liquor permit. If you need additional space, please attach a separate sheet.

A. PERSONAL/BUSINESS INFORMATION:

First Name:		Middle Name		Last Name	
Business Title		Relationship to liquor permit <input type="checkbox"/> Permittee <input type="checkbox"/> Backer		Shares	
				Aliases, other names known by, maiden name	
Residence Street Address:		City or Town:		State:	
				Zip Code:	
Telephone Number: () -		Fax Number: () -		E-mail Address:	
Social Security Number		Motor Vehicle Driver's License Number		State of Issue	
				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth / /	Place of Birth	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, Alien Reg Number	
				Date & Place of Naturalization	

B. EMPLOYMENT / PUBLIC OFFICES: Indicate any public offices now held by the applicant, individual backers, shareholders, corporate officers, llc members, etc. Give name of office holder(s) and identify by title, place and name of town, city, state or federal agency. If you need additional space, please attach a separate sheet.

Name	Title	Place	Town, City, State or Federal Agency

C. AUTHORIZATION:

1. I authorize any agent from the State of Connecticut, Department of Consumer Protection to obtain any information related to me from criminal justice agencies, past or present employers, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments or individuals. This information may include, but is not limited to, my residential, personal, and criminal history records and financial and credit information.
2. I authorize criminal justice agencies to release records concerning my criminal history to the Department of Consumer Protection for the purpose of determining my suitability, as a permittee or backer; and
3. I agree that no individual or entity shall be held liable for use of this authorization to determine my suitability as a permittee or backer.

I certify, under penalty of law that the information provided in this statement is the truth to the best of my knowledge.

Signature of Permittee/Backer

Date